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CONFIRMATION NO. 3249

<b>SERIAL NUMBER</b> 10/773,126	<b>FILING OR 371(c) DATE</b> 02/05/2004 <b>RULE</b>	<b>CLASS</b> 455	<b>GROUP ART UNIT</b> 2617	<b>ATTORNEY DOCKET NO.</b> ELAN.042PA
<b>APPLICANTS</b> Steve Christensen, Richmond, KY; Hector Aguirre, Lexington, KY; Robert P. Farinelli, Lexington, KY; <i>D. K. TMB</i>				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/445,295 02/05/2003 <b>** FOREIGN APPLICATIONS *****</b> <i>None TMB</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 05/05/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>J. M. B.</i> <i>TMB</i> Acknowledged Examiner's Signature Initials		<b>STATE OR COUNTRY</b> KY	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 14
		<b>INDEPENDENT CLAIMS</b> 2		
<b>ADDRESS</b> 40581				
<b>TITLE</b> Multi-functional residential communication approach				
<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	